

SAMPLE

SECTION 1. SERVICE PROVIDER INFORMATION

Section 1 (Items 1–23) should be completed by service providers funded through the Ryan White CARE Act Titles I, II, III, and IV. For definition of service provider, please refer to the Ryan White CARE Act Data Report instructions.

Part 1.1. Provider and Agency Contact Information

1. Provider name:

Anywhere Community Health Center

2. Provider address:

a. Street: 999 Made-up Street

b. City: Anywhere State: CA

c. ZIP code: 9 9 9 9 9 - - - - -

d. Taxpayer ID #: 6 8 - 3 4 5 2 0 9 9

3. Contact information:

a. Name: Joe Nobody

b. Title: Program Director

c. Phone #: (9 9 9) 9 9 9 - 9 9 9 9

d. Fax #: (9 9 9) 9 9 9 - 9 9 9 8

e. Email: nobody@anywherechc.com

4. Person completing this form:

a. Name: Joe Nobody

b. Phone #: (9 9 9) 9 9 9 - 9 9 9 9

Part 1.2. Reporting and Program Information

5. Calendar year for reporting: (mm/dd/yyyy)

Start date: 0 1 / 0 1 / 2 0 0 3

End date: 1 2 / 3 1 / 2 0 0 3

6. Reporting scope: 0 1 (Select one only.)

- 01 = **ALL** Clients receiving a service **ELIGIBLE** for Title I, II, III or IV funding
02 = **ONLY** Clients receiving a Title I, II, III or IV **FUNDED** service

Remember: All grantees and providers must use reporting scope “01” unless they have permission from their HRSA project officer to use “02.” All subsequent items regarding “clients” should be answered relative to the reporting scope you select here.

7. Provider type: (Select one only.)

- ☐ Hospital or university-based clinic
☒ Publicly funded community health center (go to #8)
☐ Publicly funded community mental health center
☐ Other community-based service organization (CBO)
☐ Health department
☐ Substance abuse treatment center
☐ Solo/group private medical practice
☐ Agency reporting for multiple fee-for-service providers
☐ PLWHA coalition
☐ VA facility
☐ Other facility

8. (If “Publicly funded community health center” in #7,) Did you receive funding under Section 330 of Public Health Service Act (funds community health centers, migrant health centers, and health care for the homeless) during this reporting period?

- ☒ Yes ☐ No ☐ Don’t know/unsure

9. Ownership status: (Select one only.)

- ☒ Public/local
☐ Public/State
☐ Public/Federal
☐ Private, nonprofit (not faith-based)
☐ Private, for-profit
☐ Unincorporated
☐ Faith-based organization
☐ Other

Each provider must complete one CADR for all clients served during the reporting period.

10. Source of Ryan White CARE Act funding: *(Check all that apply)*

- ☐ Title I
Name of grantee(s):
1. _____
2. _____
3. _____
- ☒ Title II
Name of grantee(s):
1. California Department of Health
2. _____
- ☒ Title III EIS
Name of grantee(s):
1. Anywhere Community Health Center
2. _____
- ☒ Title IV
Name of grantee(s):
1. Anywhere Community Health Center
2. _____
- ☐ Title IV Adolescent Initiative
Name of grantee(s):
1. _____
2. _____

11. During this reporting period, did you provide the grantee with support in . . . ? *(Check "yes" or "no" for each service.)*

- | | | |
|---|---|--|
| a. Planning or evaluation | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Administrative or technical support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Fiscal intermediary services | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Technical assistance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Capacity development | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Quality management | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

☐ Check if any of these services were the **only** services you provided under CARE Act funding. If so, **STOP HERE** and do not complete the remainder of this form.

(Third party administrators who process fee-for-service reimbursements to providers of eligible services should continue.)

NOTE: Those who provided a direct service other than those listed in #11, continue with #12 and answer items only as they relate to the client services you provided.
ALL OTHERS STOP HERE.

12. Did you administer an AIDS Drug Assistance Program (ADAP) or local pharmaceutical assistance program that provides HIV/AIDS medication to clients during this reporting period?

- ☒ Yes *(Continue.)*
☐ No *(Skip to #14.)*

13. (If "yes" to #12,) Type of program administered:

- ☒ State ADAP *(If this was the **only** service you provided under CARE Act funding, skip to Section 7.)*
☐ Local pharmaceutical assistance program that provides HIV/AIDS medication to clients *(If this was the **only** service you provided under CARE Act funding, skip to Section 7.)*

14. Did you provide a Health Insurance Program (HIP) during this reporting period?

- ☒ Yes *(If this was the **only** service you provided under CARE Act funding, skip to Section 8.)*
☐ No

☐ Check if the only services your agency provide are ADAP and HIP. *(Skip to Sections 7 & 8.)*

15. Indicate which of the following populations were especially targeted for outreach or services during this reporting period. *(Check box for each group targeted.)*

- ☐ Migrant or seasonal farm workers
☒ Rural populations other than migrant or seasonal farm workers
☒ Women
☒ Children
☐ Racial/ethnic minorities/communities of color
☐ Homeless
☒ Gay, lesbian, and bisexual youth
☐ Gay, lesbian, and bisexual adults
☐ Incarcerated persons
☒ All adolescents
☐ Runaway or street youth
☐ Injection drug users
☐ Non-injection drug users
☐ Parolees
☐ Other (specify: _____)

Each provider must complete one CADR for all clients served during the reporting period.

16. Which of the following categories describes your agency? (Check all that apply.)

- ☒ An agency in which racial/ethnic minority group members make up greater than 50% of the agency's board members
- ☐ Racial/ethnic minority group members make up greater than 50% of the agency's professional staff members in HIV direct services
- ☒ Solo or group private health care practice in which greater than 50% of the clinicians are racial/ethnic minority group members
- ☐ Other "traditional" provider that has historically served racial/ethnic minority patients/clients but does not meet the criteria above
- ☐ Other type of agency or facility

17. Total paid staff, in FTEs, funded by any Title of the CARE Act:

20.3 Paid staff FTEs

18. Total volunteer staff, in FTEs, dedicated to HIV care:

1.0 Volunteer staff FTEs

19. Amount of Title I funding received during this reporting period (rounded to the nearest dollar):

\$ _____

20. Amount of Title II funding received during this reporting period (rounded to the nearest dollar):

\$ 956,000

21. Amount of Title III EIS funding received during this reporting period (rounded to the nearest dollar):

\$ 623,600

22. Amount of Title IV funding received during this reporting period (rounded to the nearest dollar):

\$ 324,700

23. Amount of Title I, II, III, or IV Ryan White CARE Act funds EXPENDED on oral health care during this reporting period (rounded to the nearest dollar):

\$ 6,000

Each provider must complete one CADR for all clients served during the reporting period.

SECTION 2. CLIENT INFORMATION

Service providers from **all Titles** should complete this section. Clients reported in this section should include your HIV-infected and affected population, whether receiving medical care or social support services. Affected clients include those who are HIV negative as well as those with unknown HIV status. An affected client must be linked to a client infected with HIV/AIDS.

Remember your reporting scope! If you chose Reporting Scope 01 in Item 6, provide information on all clients who received a service eligible for CARE Act funding. If you chose Reporting Scope 02 in Item 6, include only clients who received services funded by Titles I, II, III, and/or IV.

24. Total number of unduplicated clients:

<u>325</u>	HIV positive
<u>36</u>	HIV negative (affected)
<u>24</u>	Unknown/unreported (affected)
<u>385</u>	Total

25. Total number of new clients:

<u>20</u>	HIV positive
<u>11</u>	HIV negative (affected)
<u>5</u>	Unknown/unreported (affected)
<u>36</u>	Total

26. Gender:

Number of clients:	HIV positive	HIV affected
Male	<u>142</u>	<u>34</u>
Female	<u>182</u>	<u>26</u>
Transgender	<u>1</u>	<u> </u>
Unknown/unreported	<u> </u>	<u> </u>
Total	<u>325</u>	<u>60</u>

27. Age (at the end of reporting period):

Number of clients:	HIV positive	HIV affected
Less than 2 years	<u> </u>	<u>4</u>
2–12 years	<u>17</u>	<u>22</u>
13–24 years	<u>181</u>	<u>24</u>
25–44 years	<u>119</u>	<u>10</u>
45–64 years	<u>8</u>	<u> </u>
65 years or older	<u> </u>	<u> </u>
Unknown/unreported	<u> </u>	<u> </u>
Total	<u>325</u>	<u>60</u>

28. Hispanic or Latino/a ethnicity:

Number of clients:	HIV positive	HIV affected
Hispanic or Latino/a	<u>113</u>	<u>23</u>
Non-Hispanic or Non-Latino/a	<u>171</u>	<u>18</u>
Unknown/unreported	<u>41</u>	<u>19</u>
Total	<u>325</u>	<u>60</u>

29. Race (all clients reported in Item 28 must be included in this Item):

Number of clients:	HIV positive	HIV affected
White	<u>93</u>	<u>9</u>
Black or African American	<u>116</u>	<u>21</u>
Asian	<u>1</u>	<u> </u>
Native Hawaiian or Other Pacific Islander	<u> </u>	<u> </u>
American Indian or Alaska Native	<u> </u>	<u> </u>
More than one race	<u>1</u>	<u>1</u>
Unknown/unreported	<u>114</u>	<u>29</u>
Total	<u>325</u>	<u>60</u>

30. Household income (at the end of reporting period):

Number of clients:	HIV positive	HIV affected
Equal to or below the Federal poverty line	<u>91</u>	<u>13</u>
101–200% of Federal poverty line	<u>123</u>	<u>17</u>
201–300% of Federal poverty line	<u>64</u>	<u>11</u>
> 300% of Federal poverty line	<u> </u>	<u> </u>
Unknown/unreported	<u>47</u>	<u>19</u>
Total	<u>325</u>	<u>60</u>

Each provider must complete one CADR for all clients served during the reporting period.

31. Housing/living arrangements (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
Permanently housed	<u>278</u>	<u>44</u>
Non-permanently housed	<u>31</u>	<u>4</u>
Institution	<u>3</u>	
Other	<u>4</u>	<u>6</u>
Unknown/unreported	<u>9</u>	<u>6</u>
Total	<u>325</u>	<u>60</u>

32. Medical insurance (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
Private	<u>82</u>	<u>10</u>
Medicare	<u>14</u>	
Medicaid	<u>152</u>	<u>39</u>
Other public	<u>25</u>	<u>3</u>
No insurance	<u>31</u>	<u>5</u>
Other	<u>10</u>	
Unknown/unreported	<u>11</u>	<u>3</u>
Total	<u>325</u>	<u>60</u>

33. HIV/AIDS status (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
HIV positive, not AIDS	<u>71</u>	
HIV positive, AIDS status unknown	<u>190</u>	
CDC-defined AIDS	<u>64</u>	
HIV negative (affected clients only)		<u>36</u>
Unknown/unreported (affected clients only)		<u>24</u>
Total	<u>325</u>	<u>60</u>

34. Clients' vital/enrollment status (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
Active, client new to program	<u>20</u>	<u>16</u>
Active, client continuing in program	<u>258</u>	<u>42</u>
Deceased	<u>14</u>	<u>2</u>
Inactive	<u>25</u>	
Unknown/unreported	<u>8</u>	
Total	<u>325</u>	<u>60</u>

Each provider must complete one CADR for all clients served during the reporting period.

SECTION 3. SERVICE INFORMATION

Service providers from **all Titles** should complete this section. If you provided a particular service, check the box in column 2 and list the number of clients and the total number of visits for the appropriate service categories. If you provided a particular service but do not know the number of clients or visits during the reporting period, check the unknown box.

35. Services provided, number of clients served, and total number of visits during this reporting period:

1 Service Categories	2 Check if service was provided	3a Total # of unduplicated clients		3b Check if # of clients unknown	4a Total # of visits during reporting period		4b Check if # of visits unknown
		HIV+	Affected		HIV+	Affected	
a. Ambulatory/outpatient medical care	✓	325			1,492		
b. Mental health services	✓	92					✓
c. Oral health care	✓	12			29		
d. Substance abuse services—outpatient	✓	19					✓
e. Substance abuse services—residential							
f. Rehabilitation services	✓	24			65		
g. Home health: para-professional care							
h. Home health: professional care							
i. Home health: specialized care							
j. Case management services	✓	325	60		971	132	
k. Buddy/companion service	✓	0	0				
l. Child care services							
m. Child welfare services							
n. Client advocacy							
o. Day or respite care for adults							
p. Developmental assessment/early intervention services	✓	22	16				
q. Early intervention services for Titles I and II							
r. Emergency financial assistance	✓	47	9				
s. Food bank/home-delivered meals	✓	29					
t. Health education/risk reduction							
u. Housing services							
v. Legal services							
w. Nutritional counseling	✓	14	5				
x. Outreach services	✓		32				
y. Permanency planning							
z. Psychosocial support services	✓		37				
aa. Referral for health care/supportive services	✓			✓			
ab. Referrals to clinical research							
ac. Residential or in-home hospice care							
ad. Transportation services							
ae. Treatment adherence counseling							
af. Other services	✓			✓			

Each provider must complete one CADR for all clients served during the reporting period.

SECTION 4. HIV COUNSELING AND TESTING

Title I, II, III, and IV grantees/service providers who selected the eligible reporting scope (01), and provide HIV-antibody counseling and testing, must report on all items in Section 4. Those who selected the funded reporting scope (02), and provide HIV-antibody counseling and testing, but do not use CARE Act funds, should respond to #36 and #37, then skip to Section 5.

NOTE: Based on Ryan White CARE Act reauthorization, HIV counseling and testing are funded as components of Early Intervention Services for Titles I and II.

*Report only on the number of individuals who received HIV counseling and testing during the reporting period. Until these individuals receive at least one of the services listed in Section 3, they are **NOT** considered clients.*

36. a. Was HIV counseling and testing provided as part of your program during this reporting period?

- ☒ Yes (Continue.)
☐ No (Skip to Section 5.)

36. b. Indicate the total number of infants tested during this reporting period.

24 Number of infants tested

37. Were Ryan White CARE Act funds used to support HIV counseling and testing services during this reporting period?

- ☒ Yes (Continue.)
☐ No (Skip to Section 5, if you selected scope 02 and do not wish to continue with this section.)

38. How many individuals received HIV pretest counseling during this reporting period?

Number of:

453 Confidential
_____ Anonymous

(If answer to both categories is "0," skip to #43.)

39. Of the individuals who received HIV pretest counseling (#38 above), how many were tested for HIV antibodies during this reporting period?

Number of:

422 Confidential
_____ Anonymous

40. Of the individuals who received pretest counseling and were tested for HIV antibodies (#39 above), how many had a positive test result during this reporting period?

27

41. Of the individuals who received HIV pretest counseling and were tested for HIV antibodies (#39 above), how many received HIV posttest counseling during this reporting period, regardless of test results?

Number of:

417 Confidential
_____ Anonymous

42. Of the individuals who tested POSITIVE (#40 above), how many did NOT return for HIV posttest counseling during this reporting period?

7

43. Did your program offer partner notification services during this reporting period?

- ☒ Yes (Continue.)
☐ No (Skip to Section 5.)

44. (If "yes" in #43,) How many at-risk partners were notified during this reporting period?

0

Each provider must complete one CADR for all clients served during the reporting period.

SECTION 5. MEDICAL INFORMATION

This section should be completed by **all medical service providers** funded through the Ryan White CARE Act Titles I, II, III, or IV and should include only those clients who are HIV positive who had at least one ambulatory/outpatient medical care visit during the reporting period.

45. Total number of unduplicated clients reporting on in this section by gender:

<u>142</u>	Male
<u>182</u>	Female
<u>1</u>	Transgender
<u> </u>	Unknown/unreported
<u>325</u>	Total

46. Total number of clients who are HIV positive with each of the listed risk factors for HIV infection:

Persons with more than one reported mode of exposure to HIV are counted in the exposure category listed first in the hierarchy, except for persons with a history of both homosexual/bisexual contact and injection drug use. They are counted in a separate category, i.e., MSM and IDU.

<u>65</u>	Men who have sex with men (MSM)
<u>55</u>	Injection drug user (IDU)
<u>2</u>	Men who have sex with men and injection drug user (MSM and IDU)
<u>2</u>	Hemophilia/coagulation disorder
<u>181</u>	Heterosexual contact
<u>3</u>	Receipt of transfusion of blood, blood components, or tissue
<u>4</u>	Mother with/at risk for HIV infection (perinatal transmission)
<u>1</u>	Other
<u>12</u>	Undetermined/unknown/risk not reported or identified
<u>325</u>	Total

47. Number of clients who received each of the following at any time during this reporting period:

<u>298</u>	TB skin test (PPD Mantoux)
<u>2</u>	Treatment due to a positive TB skin test
<u>164</u>	Screening/testing for syphilis
<u>3</u>	Treatment for syphilis
<u>96</u>	Screening/testing for any treatable sexually transmitted infection (STI) other than syphilis and HIV
<u>4</u>	Treatment for an STI (other than syphilis and HIV)
<u>183</u>	Screening/testing for hepatitis C
<u>31</u>	Treatment for hepatitis C

48. Number of clients diagnosed with each AIDS-defining condition during this reporting period:

<u>20</u>	Pneumocystis carinii pneumonia (PCP)
<u>10</u>	Mycobacterium avium complex (MAC)
<u>5</u>	Mycobacterium tuberculosis
<u>10</u>	Cytomegalovirus disease
<u>5</u>	Toxoplasmosis
<u>4</u>	Cervical cancer
<u>21</u>	Other AIDS-defining condition

49. Number of clients on the following antiretroviral therapies at the end of the reporting period:

<u>73</u>	None
<u>186</u>	HAART
<u>34</u>	Salvage
<u>27</u>	Other (mono or dual therapy)
<u>5</u>	Unknown/unreported
<u>325</u>	Total

50. Number of women who received a pelvic exam and Pap smear during this reporting period:

109

51. Number of women who are HIV positive and were pregnant during this reporting period:

28

52. Of the number of pregnant women who are HIV positive (#51 above), number entering care in the:

<u>14</u>	First trimester
<u>10</u>	Second trimester
<u>3</u>	Third trimester
<u>1</u>	At time of delivery
<u>28</u>	Total

53. Number of pregnant women (#51 above) who received antiretroviral medications to prevent the transmission of HIV to their children:

21

54. Number of children delivered to women who are HIV positive (#51 above):

19

55. Of the number of children delivered (#54 above), number HIV positive:

0

Each provider must complete one CADR for all clients served during the reporting period.

SECTION 6. DEMOGRAPHIC TABLES/TITLE-SPECIFIC DATA FOR TITLES III AND IV

Part 6.1 should be completed by Title III grantees/service providers. Part 6.2 should be completed by Title IV grantees/service providers. Title I and II grantees should skip to Section 7.

Part 6.1. Title III Information

Part 6.1 should be completed by Title III grantees/service providers only. When reporting on patients in this section, only report on clients who are HIV positive who had at least one ambulatory/outpatient medical care visit during the reporting period.

56. Number of patients who are HIV positive during this reporting period by Hispanic or Latino/a ethnicity, gender, and age.

Ethnicity/Origin	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Hispanic or Latino/a	Male		4	26	14	1			45
	Female		3	37	26	2			68
	Transgender								
	Unknown/unreported								
Non-Hispanic or Non-Latino/a	Male		3	51	21	4			79
	Female		2	49	39	1			91
	Transgender			1					1
	Unknown/unreported								
Unknown/unreported	Male		2	11	5				18
	Female		3	6	14				23
	Transgender								
	Unknown/unreported								
Total	Male		9	88	40	5			142
	Female		8	92	79	3			182
	Transgender			1					1
	Unknown/unreported								

Each provider must complete one CADR for all clients served during the reporting period.

57. Number of patients who are HIV positive during this reporting period by race, gender, and age. *(All Hispanic or Latino/a patients reported in Table 56 should also be included in this table.)*

Race	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
White	Male		1	26	13	2			42
	Female		1	19	29	1			50
	Transgender			1					1
	Unknown/unreported								
Black or African American	Male		3	36	12	2			53
	Female		4	35	24				63
	Transgender								
	Unknown/unreported								
Asian	Male				1				1
	Female								
	Transgender								
	Unknown/unreported								
Native Hawaiian or Other Pacific Islander	Male								
	Female								
	Transgender								
	Unknown/unreported								
American Indian or Alaska Native	Male								
	Female								
	Transgender								
	Unknown/unreported								
More than one race	Male								
	Female			1					1
	Transgender								
	Unknown/unreported								
Unknown/unreported	Male		5	26	14	1			46
	Female		3	37	26	2			68
	Transgender								
	Unknown/unreported								
Total	Male		9	88	40	5			142
	Female		8	92	79	3			182
	Transgender			1					1
	Unknown/unreported								

Each provider must complete one CADR for all clients served during the reporting period.

58. Number of patients who are HIV positive during this reporting period by HIV exposure category, gender, and race.

HIV Exposure Category	Gender	White	Black or African American	Asian	Native Hawaiian or other Pacific Islander	American Indian/ Alaska Native	More than one race	Race unknown	Total
Men who have sex with men (MSM)	Male	16	24	1				23	64
	Female								
	Transgender	1							1
	Unknown/unreported								
Injection drug user (IDU)	Male	7	9					6	22
	Female	11	8					14	33
	Transgender								
	Unknown/unreported								
MSM and IDU	Male		2						2
	Female								
	Transgender								
	Unknown/unreported								
Hemophilia/coagulation disorder	Male							1	1
	Female	1							1
	Transgender								
	Unknown/unreported								
Heterosexual contact	Male	18	15					10	43
	Female	36	51					51	138
	Transgender								
	Unknown/unreported								
Receipt of transfusion of blood, blood components, or tissue	Male							1	1
	Female	1					1		2
	Transgender								
	Unknown/unreported								
Mother with/at risk for HIV infection (perinatal transmission)	Male	1	1						2
	Female	1	1						2
	Transgender								
	Unknown/unreported								
Other	Male		1						1
	Female								
	Transgender								
	Unknown/unreported								
Unknown/unreported	Male		1					5	6
	Female		3					3	6
	Transgender								
	Unknown/unreported								
Total	Male	42	53	1				46	142
	Female	50	63				1	68	182
	Transgender	1							1
	Unknown/unreported								

Each provider must complete one CADR for all clients served during the reporting period.

59. Number of patients who are HIV positive during this reporting period by HIV exposure category, gender, and age.

HIV Exposure Category	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)	Male			43	19	2			64
	Female								
	Transgender			1					1
	Unknown/unreported								
Injection drug user (IDU)	Male		1	13	8				22
	Female		1	17	15				33
	Transgender								
	Unknown/unreported								
MSM and IDU	Male			2					2
	Female								
	Transgender								
	Unknown/unreported								
Hemophilia/coagulation disorder	Male				1				1
	Female				1				1
	Transgender								
	Unknown/unreported								
Heterosexual contact	Male			30	12	1			43
	Female			74	62	2			138
	Transgender								
	Unknown/unreported								
Receipt of transfusion of blood, blood components, or tissue	Male					1			1
	Female			1		1			2
	Transgender								
	Unknown/unreported								
Mother with/at risk for HIV infection (perinatal transmission)	Male		2						2
	Female		2						2
	Transgender								
	Unknown/unreported								
Other	Male		1						1
	Female								
	Transgender								
	Unknown/unreported								
Unknown/unreported	Male		5			1			6
	Female		5		1				6
	Transgender								
	Unknown/unreported								
Total	Male		9	88	40	5			142
	Female		8	92	79	3			182
	Transgender			1					1
	Unknown/unreported								

Each provider must complete one CADR for all clients served during the reporting period.

60. Cost and revenue of primary care* and other programs† during this reporting period:

a. Total cost of providing service:

\$ 850,181 Primary care
\$ 50,083 Other program

b. Title III grant funds expended:

\$ 576,210 Primary care (excluding pharmaceuticals)
\$ 47,390 Other program
\$ 0 Pharmaceuticals

c. Direct collections from patients:

\$ 4,122 Primary care
\$ 2,693 Other program

d. Reimbursements received from third party payer:

\$ 269,849 Primary care
\$ 0 Other program

e. All other sources of income:

\$ 0 Primary care
\$ 0 Other program

*Includes medical, subspecialty care, dental, nutrition, mental health and substance abuse treatment, and pharmacy services; radiology, laboratory and other tests for diagnosis and treatment planning; HIV counseling and testing; and the cost of making and tracking referrals for medical care.

†Includes case management and eligibility assistance, outreach, social work, prevention education and harm reduction. If you are providing a Title III-eligible service, include it, even if it is not being funded under your grant.

61. Were services available through your Early Intervention Services (EIS) program provided at more than one site during this reporting period?

- ☐ Yes (*Continue.*)
☒ No (*Skip to #63.*)

62. (If “yes” to #61,) Number of sites at which EIS services were provided during this reporting period:

63. Please indicate which of the following primary health care services were made available to your clients who are HIV positive during this reporting period.

(Choose “within the EIS program” if you provided the service directly and/or through a contractual relationship with another service provider. Choose “through referral” if it was offered by another agency with which you had no remunerative relationship but to whom you referred. Choose “No” if the service was not available.)

	Yes, within the EIS program ▼	Yes, through referral ▼	No ▼
a. Ambulatory/outpatient medical care	<input checked="" type="checkbox"/>		
b. Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Dispensing of pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Nutritional counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Obstetrics/gynecology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Optometry/ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Oral health care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Rehabilitation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Substance abuse services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Not applicable	<input type="checkbox"/>		

64. How many unduplicated patients who are HIV positive were referred outside the EIS program for any health service that was not available within the EIS program during this reporting period?

3

Each provider must complete one CADR for all clients served during the reporting period.

Part 6.2. Title IV Information

Part 6.2 should be completed by Title IV grantees/service providers only. Clients who are HIV negative/unknown (affected) who are reported in this section must be a family member or partner of a client who is HIV positive. Include only those clients who received Title IV services.

65. Number of clients during this reporting period by gender, HIV status, and age.

Gender	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Male	HIV positive		9	13	3				25
	HIV-/unknown	1	12	9					22
Female	HIV positive		8	56	41				105
	HIV-/unknown	3	10	7					20
Transgender	HIV positive								
	HIV-/unknown								
Unknown/unreported	HIV positive								
	HIV-/unknown								
Total	HIV positive		17	69	44				130
	HIV-/unknown	4	22	16					42

66. Number of clients during this reporting period by Hispanic or Latino/a ethnicity, HIV status, and age.

Ethnicity/Origin	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Hispanic or Latino/a	HIV positive		7	24	19				50
	HIV-/unknown	1	9	8					18
Non-Hispanic or Non-Latino/a	HIV positive		5	42	21				68
	HIV-/unknown	1	10	6					17
Unknown/unreported	HIV positive		5	3	4				12
	HIV-/unknown	2	3	2					7
Total	HIV positive		17	69	44				130
	HIV-/unknown	4	22	16					42

Each provider must complete one CADR for all clients served during the reporting period.

67. Number of clients during this reporting period by race, HIV status, and age. *(All Hispanic and Latino/a clients reported in Table 66 should also be included in this table.)*

Race	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
White	HIV positive		2	15	9				26
	HIV-/unknown	1	4	3					8
Black or African American	HIV positive		7	29	13				49
	HIV-/unknown	1	7	5					13
Asian	HIV positive								
	HIV-/unknown								
Native Hawaiian or Other Pacific Islander	HIV positive								
	HIV-/unknown								
American Indian or Alaska Native	HIV positive								
	HIV-/unknown								
More than one race	HIV positive								
	HIV-/unknown								
Unknown/unreported	HIV positive		8	25	22				55
	HIV-/unknown	2	11	8					21
Total	HIV positive		17	69	44				130
	HIV-/unknown	4	22	16					42

68. Number of clients who are HIV POSITIVE during this reporting period by HIV exposure category and age.

HIV Exposure Category	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)			6	1				7
Injection drug user (IDU)		2	21	12				35
MSM and IDU			1					1
Hemophilia/coagulation disorder				1				1
Heterosexual contact			40	29				69
Receipt of transfusion of blood, blood components, or tissue			1					
Mother with/at risk for HIV infection (perinatal transmission)		4						4
Other		1						1
Undetermined/unknown		10		1				11
Total		17	69	44				130

STOP HERE IF YOU DO NOT PROVIDE ADAP OR HIP TO YOUR CLIENTS!

Each provider must complete one CADR for all clients served during the reporting period.

SECTION 7. APA INFORMATION

*This section should be completed by all Ryan White CARE Act Title II grantees who administer their State AIDS Drug Assistance Program or Title I/II-funded grantees who administer a local AIDS pharmaceutical assistance (APA) program. This section should **not** be completed by CARE Act programs that provide **funding** to pharmaceutical programs but do not provide pharmacy services or administer pharmacy programs.*

A State ADAP program is an AIDS Drug Assistance Program administered by a State or Territory.

1. Medical eligibility: (Check all that apply.)

- ☐ CD4 lymphocyte count
☒ HIV positive
☐ Other

2. Average application processing period:

- ☐ Less than 5 days
☒ 5–10 days
☐ 11–30 days
☐ 31–60 days
☐ More than 60 days

3. Frequency of recertification:

- ☐ Quarterly
☐ Semi-annually
☒ Annually
☐ Other
☐ Not applicable

4. Total number of *UNDUPLICATED* clients in this reporting period:

102

5. Total number of *NEW* clients served in this reporting period:

27

6. Gender:

Number of clients:

53 Male
48 Female
1 Transgender
Unknown/unreported
102 Total

7. Age (at the end of reporting period):

Number of clients:

Less than 2 years
2–12 years
64 13–24 years
32 25–44 years
6 45–64 years
65 years or older
Unknown/unreported
102 Total

8. Hispanic or Latino/a ethnicity:

Number of clients:

38 Hispanic or Latino/a ethnicity
53 Non-Hispanic or non-Latino/a ethnicity
11 Unknown/unreported
102 Total

9. Race:

Number of clients:

26 White
34 Black or African American
Asian
Native Hawaiian or Other Pacific Islander
American Indian or Alaska Native
1 More than one race
41 Unknown/unreported
102 Total

Each provider must complete one CADR for all clients served during the reporting period.

Agency Fiscal Information

10. Annual funding for APA/ADAP by CARE Act sources:

Funding source	Funding received
Total Title I funds	\$ __, <u>2 1 0</u> , <u>0 0 0</u>
EMA #1 <u>9 9 9 9</u>	\$ __, <u>2 1 0</u> , <u>0 0 0</u>
EMA #2 _____	\$ __, ____, ____, ____
EMA #3 _____	\$ __, ____, ____, ____
EMA #4 _____	\$ __, ____, ____, ____
EMA #5 _____	\$ __, ____, ____, ____
EMA #6 _____	\$ __, ____, ____, ____
EMA #7 _____	\$ __, ____, ____, ____
EMA #8 _____	\$ __, ____, ____, ____
EMA #9 _____	\$ __, ____, ____, ____
EMA #10 _____	\$ __, ____, ____, ____
Total Title II funds	\$ __, <u>8 3 3</u> , <u>8 1 1</u>
Other CARE Act funding	\$ __, ____, ____, ____

11. Annual funding for APA/ADAP by other sources:

Funding source	Funding received
Federal Section 330	\$ __, ____, ____, ____
Other Federal funding	\$ __, ____, ____, ____
State/local	\$ __, <u>1 7 3</u> , <u>3 5 6</u>
Client payments	\$ __, ____, ____, ____
Manufacturer rebates	\$ __, <u>2 0 7</u> , <u>0 2 4</u>
All other sources not included above	\$ __, <u>5 5</u> , <u>9 9 0</u>

12. Annual expenditures for health insurance services within APA or ADAP:

Source	Total cost	Unduplicated clients	Total client-months
a. High-risk insurance pool			
Premiums	\$ __, ____, ____, ____	____	____, ____
Deductibles	\$ __, ____, ____, ____	____	____, ____
Co-payments	\$ __, ____, ____, ____	____	____, ____
b. Medicare supplement			
Premiums	\$ __, ____, ____, ____	____	____, ____
Deductibles	\$ __, ____, ____, ____	____	____, ____
Co-payments	\$ __, ____, ____, ____	____	____, ____
c. Other health insurance			
Premiums	\$ __, ____, ____, ____	____	____, ____
Deductibles	\$ __, ____, ____, ____	____	____, ____
Co-payments	\$ __, ____, ____, ____	____	____, ____
TOTAL HEALTH INSURANCE EXPENDITURES			
Premiums	\$ __, ____, ____, ____	____	____, ____
Deductibles	\$ __, ____, ____, ____	____	____, ____
Co-payments	\$ __, ____, ____, ____	____	____, ____

13. Annual expenditures for services under the Flexibility Policy:

_____ Adherence
 _____ Access
 _____ Monitoring
 _____ Total flexibility expenditures

14. Total expenditures: (Include health insurance, flexibility, PLUS dispensing and other administrative costs.)

\$ __ 1, 4 8 0, 1 7 7

Each provider must complete one CADR for all clients served during the reporting period.

- 15.** For each medication prescribed, enter the HRSA drug code, unduplicated number of clients who received that drug, and the total cost.

HRSA drug code	Unduplicated # of clients receiving drug	Total cost
d 0 4 7 2 7	___, _ 2 4	\$ ___, 1 1 4, 2 7 3
d 0 0 0 7 8	___, _ 2 7	\$ ___, _ 3 9, 6 0 9
d 0 4 7 7 4	___, _ 3 2	\$ ___, _ 4 3, 4 7 1
d 0 4 3 7 6	___, _ 5 1	\$ ___, _ 9 0, 4 6 9
d 0 0 0 3 4	___, _ 1 6	\$ ___, _ 2 5, 5 4 3
d 0 0 1 2 7	___, _ 3	\$ ___, _ 3, 1 8 7
d 0 4 1 1 9	___, _ 6	\$ ___, _ 1 0, 1 5 8
d 0 4 0 2 9	___, _ 3 9	\$ ___, _ 6 2, 6 4 4
d 0 4 7 1 7	___, 1 0 0	\$ ___, 3 3 2, 8 7 6
d 0 4 4 2 8	___, _ 9	\$ ___, _ 2 1, 1 4 4
d 0 1 3 4 8	___, _ 2	\$ ___, ___, 3 3 4
d 0 0 0 2 1	___, _ 3	\$ ___, ___, 1 1 2
d 0 0 1 2 4	___, _ 8 9	\$ ___, _ 2, 3 3 0
d 0 4 2 1 9	___, _ 9 3	\$ ___, 5 7 2, 3 8 3
d 0 3 8 5 8	___, _ 4 8	\$ ___, _ 7 4, 2 1 9
d 0 3 8 1 8	___, _ 1	\$ ___, ___, _ 1 9
d 0 3 7 7 3	___, _ 7 8	\$ ___, 1 3 3, 1 5 5
d 0 0 8 6 6	___, _ 4	\$ ___, _ 6, 9 0 0
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___
d _____	___, ___	\$ ___, ___, ___

STOP HERE UNLESS YOU ARE A SERVICE PROVIDER ADMINISTERING HIP.

Each provider must complete one CADR for all clients served during the reporting period.

SECTION 8. HEALTH INSURANCE PROGRAM (HIP) INFORMATION

This section should be completed by the state agency and other entities that used CARE Act funds to pay for or supplement a client's health insurance. This section should **not** be completed by CARE Act grantees providing funding to another HIP program, or by service providers who **ONLY PROVIDE VOUCHERS FOR HEALTH INSURANCE**.

A Health Insurance Program is a program authorized and primarily funded under Title I or Title II of the CARE Act that makes premium payments, co-payments, deductibles, or risk pool payments on behalf of a client to maintain his/her health insurance coverage.

1. Total number of *UNDULICATED* clients in this reporting period:

28

2. Total number of *NEW* clients served in this reporting period:

4

3. Gender:

Number of clients:

17 Males

11 Females

Transgender

Unknown/unreported

28 Total

4. Age (at the end of reporting period):

Number of clients:

Less than 2 years

2–12 years

6 13–24 years

19 25–44 years

3 45–64 years

65 years or older

Unknown/unreported

28 Total

5. Hispanic or Latino/a ethnicity:

Number of clients:

4 Hispanic or Latino/a ethnicity

23 Non-Hispanic or non-Latino/a ethnicity

1 Unknown/unreported

28 Total

6. Race:

Number of clients:

7 White

16 Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

More than one race

5 Unknown/unreported

28 Total

7. Annual expenditures for HIP:

Source	Total cost	Unduplicated clients	Total client-months
a. High-risk insurance pool			
Premiums	\$ __, ____, ____, ____	____	____, ____
Deductibles	\$ __, ____, ____, ____	____	____, ____
Co-payments	\$ __, ____, ____, ____	____	____, ____
b. Medicare supplement			
Premiums	\$ __, ____, ____, ____	____	____, ____
Deductibles	\$ __, ____, ____, ____	____	____, ____
Co-payments	\$ __, ____, ____, ____	____	____, ____
c. Other health insurance			
Premiums	\$ __, ____, ____, ____	____	____, ____
Deductibles	\$ __, ____, <u>7 0 0</u>	<u>2</u>	____, <u>1 4</u>
Co-payments	\$ __, __, <u>8, 9 9 8</u>	<u>2 6</u>	____, <u>3 1 2</u>
TOTAL HEALTH INSURANCE EXPENDITURES			
Premiums	\$ __, ____, ____, ____	____	____, ____
Deductibles	\$ __, ____, <u>7 0 0</u>	<u>2</u>	____, <u>1 4</u>
Co-payments	\$ __, __, <u>8, 9 9 8</u>	<u>2 6</u>	____, <u>3 1 2</u>

Each provider must complete one CADR for all clients served during the reporting period.

- 8. Total expenditures:** (Include “Total Health Insurance Expenditures” above plus any other administrative costs.)

\$ __ __ , __ 1 2 , 3 5 2

- 9. Annual funding for HIP by CARE Act funds:**

Funding source	Funding received
Total Title I funds	\$ __ , __ __ , __ __
EMA #1 _____	\$ __ , __ __ , __ __
EMA #2 _____	\$ __ , __ __ , __ __
EMA #3 _____	\$ __ , __ __ , __ __
EMA #4 _____	\$ __ , __ __ , __ __
EMA #5 _____	\$ __ , __ __ , __ __
EMA #6 _____	\$ __ , __ __ , __ __
EMA #7 _____	\$ __ , __ __ , __ __
EMA #8 _____	\$ __ , __ __ , __ __
EMA #9 _____	\$ __ , __ __ , __ __
EMA #10 _____	\$ __ , __ __ , __ __
Total Title II funds	\$ __ , __ <u>1</u> <u>2</u> , <u>3</u> <u>5</u> <u>2</u>
ADAP funds	\$ __ , __ __ , __ __
Other CARE Act funding	\$ __ , __ __ , __ __

- 10. Annual funding for HIP by other sources:**

Funding source	Funding received
Federal Section 330	\$ __ , __ __ , __ __
Other Federal funding	\$ __ , __ __ , __ __
State/Local	\$ __ , __ __ , __ __
Client payments	\$ __ , __ __ , __ __
All other sources not included above	\$ __ , __ __ , __ __

END OF REPORT